

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION

ABDUL ABDULRAMAN,  
Plaintiff

vs

DR. BURKE, et al.,  
Defendants.

Case No. 1:12-cv-209

Spiegel, J.  
Litkovitz, M.J.

**ORDER**

On March 13, 2012, plaintiff filed a complaint alleging that defendants have been deliberately indifferent to his serious medical needs. (Doc. 1). On March 26, 2012, noting the seriousness of the allegations, the Court liberally construed plaintiff's complaint as including a request for preliminary injunctive relief and ordered defendants to file a response to plaintiff's motion for issuance of a preliminary injunction. (Doc. 2). The Court further indicated that it would withhold its determination as to whether plaintiff may proceed *in forma pauperis* in this matter and whether plaintiff is entitled to preliminary injunctive relief until the parties responded to the Order. *Id.*

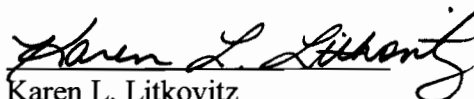
On April 2, 2012, defendants filed a memorandum in opposition to plaintiff's complaint construed by the Court to include a request for preliminary injunctive relief. (Doc. 5).

In order to reach an expeditious decision on this matter, plaintiff is **ORDERED** to submit a response to defendants' memorandum within **five (5) days**, setting forth why the Court should grant injunctive relief in this matter.

The Clerk of Court is **DIRECTED** to submit to plaintiff a copy of defendants' memorandum (Doc. 5) along with this Order.

**IT IS SO ORDERED.**

Date: 4/3/2012

  
Karen L. Litkovitz  
United States Magistrate Judge

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Abdul Abdulraman 647-814  
SO CF  
PO Box 45699  
Lucasville, OH 45600

2. Article Number

(Transfer from service label)

7003 2260 0002 6723 4651

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes